

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. :

10/659,399

Confirmation No. 3761

Applicant:

Hiromitsu TAKAHASHI et al.

Filed

September 11, 2003

TC/A.U.

2872

Examiner :

Joshua L. Pritchett

Dkt. No. :

IPE-023

Cust. No. :

20374

RESPONSE UNDER 37 C.F.R. § 1.111 TO THE FIRST OFFICE ACTION DATED FEBRUARY 12, 2004

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

June 14, 2004

Sir:

This paper is submitted in response to the Office Action dated February 12, 2004. A petition for a one-month extension of the period for responding to the Action is being filed concurrently herewith.

Please amend the application as directed below and consider the remarks that follow.

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PATENT APPLICATION FEE DETERMINATION REGORD Effective October 1, 2003 **CLAIMS AS FILED - PART I** SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY **TOTAL CLAIMS** RATE FEE RATE FEE FOR NUMBER FILED NUMBER EXTRA BASIC FEE 385.00 BASIC FEE 770.00 OR TOTAL CHARGEABLE CLAIMS minus 20= X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3 =X43= X86= OR MULTIPLE DEPENDENT CLAIM PRESENT +145= +290= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL TOTAL OR **CLAIMS AS AMENDED - PART II** OTHER THAN **SMALL ENTITY** (Column 1) (Column 2) OR SMALL ENTITY (Column 3) CLAIMS HIGHEST ADDI-REMAINING ADDI-NUMBER PRESENT **AMENDMENT** TIONAL RATE **AFTER** RATE **PREVIOUSLY** TIONAL **EXTRA** AMENDMENT PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus = X43= X86= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145= +290= OR TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST m ADDI-ADDI-REMAINING NUMBER **PRESENT** IDMENT AFTER RATE TIONAL **PREVIOUSLY** RATE TIONAL **EXTRA AMENOMENT** PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus *** X43= X86= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145= +290= OR TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 3) (Column 2) CLAIMS HIGHEST ADDI-REMAINING NUMBER ADDI-PRESENT **AFTER PREVIOUSLY** TIONAL RATE **EXTRA** RATE TIONAL AMENDMENT PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus 'X43= X86= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR +145= +290= OR • If the entry in column 1 is tess than the entry in column 2, write "0" in column 3. TOTAL TOTAL "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

OR

ADDIT FEE

Application or Docket Number